Revision: HCFA-PM-91-10

December 1991

(MB)

EQRO

State / Territory: Kentucky

Citation

42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

4.14 <u>Utilization / Quality Control</u>

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

____ Directly
X By unde

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated designated under 42 CFR Part 462. The contract with the PRO –

- (1) Meets the requirements of §434.6(a):
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

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1932 (c)(2) and 1902(d) of the ACT, P.L. 99-509 (section 9431)

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A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E of each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation.

Supersedes TN #: 92-2 Approval Date: NOV 18 2003

Revision: HCFA-PM-85-3 (BERC) May 1985 State: Kentucky OMB NO. 0938-0193 Citation 4.14 (b) The Medicaid agency meets the requirements 42 CFR 456.2 of 42 CFR Part 456, Subpart C, for control of 50 FR 15312 the utilization of inpatient hospital services. Utilization and medical reviews are performed by a utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews. Utilization review is performed in accordance with 42 CFR Part 456. Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for: All hospitals (other than mental hospitals). Those specified in waiver. No waivers have been granted.

TN No: <u>85-2</u>
Supersedes Approval Date: <u>10/23/86</u> Effective Date: <u>7/1/85</u>

TN No: _77-7_ HCFA ID: 0048P/0002P

State: <u>Kentucky</u>					
<u>Citation</u> 42 CFR 456.2 50 FR 15312	4.14	(c)	The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient service in mental hospitals. *		
				perfor Contro desigr has a	tion and medical review are med by a Utilization and Quality of Peer Review Organization nated under 42 CFR Part 462 that contract with the agency to perform reviews. *
				accord H, tha	tion review is performed in dance with 42 CFR Part 456, Subpart t specifies the conditions of a waiver requirements of Subpart D for:
					All mental hospitals.
					Those specified in the waiver.
					No waivers have been granted.
					Not applicable. Inpatient services in mental hospitals are not provided under this plan.
*For all mental hospitals and psychiatric residential treatment facilities, the required reviews are preformed by a professional review agency.					
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TN #: <u>92-23</u> Supersedes TN #:<u>85-2</u>

Approved: <u>JAN 07 1993</u> Effective: <u>10/1/92</u>

State:	Kentucky

<u>Citation</u> 42 CFR 456.2 50 FR 15312	4.14	(d)	Part 4	edicaid agency meets the requirements of 42 CFR 56, Subpart E, for the control of utilization of g facility services.
				Utilization and medical review are preformed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
				Utilization review is preformed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for :
				☐ All skilled nursing facilities.
				\Box Those specified in the waiver.
				No waivers have been granted.

TN #: <u>92-23</u> Supersedes TN #: <u>85-2</u> Approved : <u>JAN 07 1993</u> Effected : 10/1/92

State: <u>Kentucky</u>				
<u>Citation</u> 42 CFR 456.2 50 FR 15314	4.14		(e)	The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
				Facility-based review.
				Direct review by personnel of the medical assistance unit of the State agency.
				Personnel under contract to the medical assistance unit of the State agency.
				Utilization and Quality Control Peer Review Organizations.
				Another method as described in <u>ATTACHMENT 4.14-A</u> .
				Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
				Not applicable. Intermediate care facility services are not provided under this plan.

TN # : 92-23
Supersedes Approval Date: JAN 07 1993 Effective Date: 10/1/92

TN #: 85-2

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Revision: HCFA-PM-91-10

DECEMBER 1991

(MB)

State/Territory: Kentucky

42 CFR 438.356(e) For each contract, the State must follow an open,

competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

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42 CFR 438.354

42 CFR 438.356(b) and(d) The State must ensure that an External Quality

Review Organization and its subcontractors

performing the External Quality Review or External

Quality Review related activities meets the competence and independence requirements.

____ Not applicable.

TN #: <u>03-10</u> Effective Date: <u>8/13/03</u>

Supersedes TN #: 92-2 Approval Date: NOV 18 2003